

(1) PLACE OF BIRTH

County of Darlington
 Township of Seaford Hill

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
17387

Registration District No. 1510 Registered No. 38
 (For use of Local Registrar)

(2) Full Name of Child Kate Jones (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Type of Triplet No (5) Number in order of birth 70 (6) DATE OF BIRTH June 3, 1923
 To be answered only in event of Triplet (Month) (Day) (Year)

FATHER: (7) FULL NAME Leon Simmons (8) NAME BEFORE MARRIAGE Alene Jones

(9) PRESENT RESIDENCE OF FATHER mons elay p. g. (10) PRESENT RESIDENCE OF MOTHER Seaford Hill

(11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 20 (13) COLOR OR RACE negro (14) AGE AT LAST BIRTHDAY 20
 (15) BIRTHPLACE S.C. (16) BIRTHPLACE S.C.

(17) OCCUPATION Steel worker (18) OCCUPATION Farm helper

(19) Number of children born to mother, including present birth 2 (20) Number of children of the mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at Seaford Hill on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Kate McNeil (23) Address of Physician or Midwife Seaford Hill
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by male)

(26) Date June 8, 1923 (27) Local Registrar Albion McFarlane

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.